	SPE RESPONSE FO	OR CERTIFICATE OF CORRECTION
DATE	09/20/44	Paper No.:
DATE TO SPE OF SUBJECT Please resp	: Request for Certificate of Correc	tion for Appl. No <u>09/459,493</u> Tificate of correction within 7 days.
FOR IFW FI	LES:	
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•	plete the response (see belenent code COCX .	ow) and forward the completed response to scanning
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Note your decision	Approved in Part	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
Note your decision	Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
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